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**Form Status: Certified and Sent to USEPA**

**Validation Status: Passed with Possible Errors**

1 2 3 4 5 **Additional Info**

(IMPORTANT: Type or print; read instructions before completing form)

Form Approved OMB Number: 2070-0093

Approval Expires: 03/31/2011

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<b>EPA</b> United States Environmental Protection Agency		<b>FORM R</b>  Section 313 of the Emergency Planning and Community Right-to-know Act of 1986, also known as Title III of the Superfund Amendments and Reauthorization Act.		TRI Facility ID Number  <b>98134LSKNC32006</b>  Toxic Chemical, Category or Generic Name  <b>Manganese Compounds</b>		
WHERE TO SEND COMPLETED FORMS:	1. TRI Data Processing Center P.O. Box 10163 Fairfax, VA 22038  *** File Copy Only: Do Not Submit Paper Form to EPA ***		2. APPROPRIATE STATE OFFICE (See instructions in Appendix F)			
This section only applies if you are revising or withdrawing a previously submitted form, otherwise leave blank:		Revision (enter up to two code(s))  [ ] [ ]		Withdrawal (enter up to two code(s))  [ ] [ ]		
Important: See Instructions to determine when "Not Applicable (NA)" boxes should be checked.						
Part I. FACILITY IDENTIFICATION INFORMATION						
SECTION 1. REPORTING YEAR : <b>2008</b>						
SECTION 2. TRADE SECRET INFORMATION						
2.1 Are you claiming the toxic chemical identified on page 2 trade secret? [ ] Yes (Answer question 2.2; Attach substantiation forms) [ X ] NO (Do not answer 2.2; Go to Section 3)		2.2 Is this copy [ ] Sanitized [ ] Unsanitized (Answer only if "YES" in 2.1)				
SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)						
I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.						
Name and official title of owner/operator or senior management official:		Signature:		Date Signed:		
File Copy Only: Do Not Submit Paper Form to EPA		File Copy Only: Do Not Submit Paper Form to EPA		XX/XX/XXXX		
SECTION 4. FACILITY IDENTIFICATION						
4.1	Facility or Establishment Name <b>ALASKAN COPPER WORKS</b>		TRI Facility ID Number <b>98134LSKNC32006</b>			
	Street <b>3200 6TH AVE S</b>		Facility or Establishment Name or Mailing Address (if different from street address) <b>ALASKAN COPPER WORKS</b>			
	City/County/State/Zip Code <b>SEATTLE / King / WA / 98134</b>		Mailing Address <b>PO BOX 3546</b>			
			City/State/Zip Code <b>SEATTLE / WA / 98124</b>		Country (Non-US)	
4.2	This report contains information for : ( Important: check a or b; check c or d if applicable)		a. [ X ] An Entire facility	b. [ ] Part of a facility	c. [ ] A Federal facility	
			d. [ ] GOCO			
4.3	Technical Contact name	<b>JAMES BROWN</b>		Email Address (b) (6)	Telephone Number (include area code) <b>2066235800</b>	
4.4	Public Contact name	<b>JAMES BROWN</b>		Email Address (b) (6)	Telephone Number (include area code) <b>2066235800</b>	
4.5	NAICS Code(s) (6 digits)	a. <b>332996 (Primary)</b>	b.	c.	d.	
			e.	f.		
4.6	Dun and Bradstreet Number(s) (9 digits)					
	a. <b>009255571</b>					
	b.					
SECTION 5. PARENT COMPANY INFORMATION						
5.1	Name of Parent Company	NA [ ]		<b>ALASKAN COPPER WORKS</b>		
5.2	Parent Company's Dun & Bradstreet Number	NA [ ]		<b>009255571</b>		

**EPA FORM R**  
**PART II. CHEMICAL - SPECIFIC INFORMATION**

TRI Facility ID Number

98134LSKNC32006

Toxic Chemical, Category or Generic Name

Manganese Compounds

**SECTION 1. TOXIC CHEMICAL IDENTITY**

(Important DO NOT complete this section if you completed Section 2 below.)

1.1

CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.)

N450

1.2

Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)

Manganese Compounds

1.3

Generic Chemical Name (Important: Complete only if Part I, Section 2.1 is checked "yes". Generic Name must be structurally descriptive).

NA

**SECTION 2. MIXTURE COMPONENT IDENTITY** (Important: DO NOT complete this section if you completed Section 1 above.)

2.1

Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, spaces, and punctuation.)

NA

**SECTION 3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY**

(Important: Check all that apply.)

3.1

Manufacture the toxic chemical:

3.2

Process the toxic chemical:

3.3

Otherwise use the toxic chemical:

a. ☐ Produce b. ☐ Import

If produce or import:  
 c. ☐ For on-site use/processing  
 d. ☐ For sale/distribution  
 e. ☐ As a byproduct  
 f. ☐ As an impurity

a. ☐ As a reactant  
 b. ☐ As a formulation component  
 c. ☒ As an article component  
 d. ☐ Repackaging  
 e. ☐ As an impurity

a. ☐ As a chemical processing aid  
 b. ☐ As a manufacturing aid  
 c. ☐ Ancillary or other use

**SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ONSITE AT ANY TIME DURING THE CALENDAR YEAR**

4.1

[ 03 ] (Enter two-digit code from instruction package.)

**SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE**

			A. Total Release (pounds/year*) (Enter range code or estimate**)	B. Basis of Estimate (enter code)	C. % From Stormwater
5.1	Fugitive or non-point air emissions	NA <input type="checkbox"/>	A	O	
5.2	Stack or point air emissions	NA <input type="checkbox"/>	A	O	
5.3	Discharges to receiving streams or water bodies (enter one name per box)				
	Stream or Water Body Name				
5.3.1	NA				

\*For Dioxin and Dioxin-like Compounds, report in grams/year

\*\*Range Codes: A=1-10 pounds; B=11-499 pounds; C=500-999 pounds.

**EPA FORM R**  
**PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)**

TRI Facility ID Number

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## SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE (Continued)

	NA	A. Total Release (pounds/year*) (enter range code** or estimate)	B. Basis of Estimate (enter code)
5.4.1 Underground Injection onsite to Class I wells	[ X ]		
5.4.2 Underground Injection onsite to Class II-V wells	[ X ]		
5.5 Disposal to land onsite			
5.5.1.A RCRA subtitle C landfills	[ X ]		
5.5.1.B Other landfills	[ X ]		
5.5.2 Land treatment/application farming	[ X ]		
5.5.3.A RCRA Subtitle C surface impoundments	[ X ]		
5.5.3.B Other surface impoundments	[ X ]		
5.5.4 Other disposal	[ X ]		

## SECTION 6. TRANSFERS OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

## 6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)

## 6.1.A Total Quantity Transferred to POTWs and Basis of Estimate

6.1.A.1 Total Transfers (pounds/year\*)  
(enter range code\*\* or estimate)6.1.A.2 Basis of Estimate  
(enter code)

A

O

6.1.1  
POTW Name

WEST POINT TREATMENT PLANT

POTW Address

1400 UTAH AVE

City

SEATTLE

State

WA

County

King

Zip

98199

**EPA FORM R**  
**PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)**

TRI Facility ID Number

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## SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

6.2.1 Off-Site EPA Identification Number (RCRA ID No.)

ORD981766124

Off-Site Location Name

SAFETY-KLEEN SYSTEMS (714801)

Off-Site Address

16540 SOUTHEAST 130TH STREET

City	CLACKAMAS	State	OR	County	Clackamas	Zip	970158944	Country (Non-US)	
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Is location under control of reporting facility or parent company?

[ ] Yes [ X ] No

A. Total Transfers (pounds/year\*)  
(enter range code\*\* or estimate)B. Basis of Estimate  
(enter code)C. Type of Waste Treatment/Disposal/  
Recycling/Energy Recovery (enter code)

1. A

1. O

1. M93

6.2.2 Off-Site EPA Identification Number (RCRA ID No.)

WAD991281767

Off-Site Location Name

BURLINGTON ENVIRONMENTAL INC

Off-Site Address

20245 77TH AVENUE SOUTH

City	KENT	State	WA	County	King	Zip	980321362	Country (Non-US)	
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Is location under control of reporting facility or parent company?

[ ] Yes [ X ] No

A. Total Transfers (pounds/year\*)  
(enter range code\*\* or estimate)B. Basis of Estimate  
(enter code)C. Type of Waste Treatment/Disposal/  
Recycling/Energy Recovery (enter code)

1. A

1. C

1. M24

6.2.3 Off-Site EPA Identification Number (RCRA ID No.)

AZD980735500

Off-Site Location Name

WORLD RESOURCES CO

Off-Site Address

8113 WEST SHERMAN STREET

City	TOLLESON	State	AZ	County	Maricopa	Zip	853533300	Country (Non-US)	
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Is location under control of reporting facility or parent company?

[ ] Yes [ X ] No

A. Total Transfers (pounds/year\*)  
(enter range code\*\* or estimate)B. Basis of Estimate  
(enter code)C. Type of Waste Treatment/Disposal/  
Recycling/Energy Recovery (enter code)

1. B

1. C

1. M24

## SECTION 7A. ONSITE WASTE TREATMENT METHODS AND EFFICIENCY

[ ] Not Applicable (NA) - Check here if no on-site waste treatment is applied to any waste stream containing the toxic chemical or chemical category.

a. General  
Waste Stream  
(enter code)b. Waste Treatment Method(s) Sequence  
[enter 3-character code(s)]d. Waste Treatment  
Efficiency  
Estimate

7A. 1 a

7A. 1 b

7A. 1 d

S

2: H111 3: H101

E3

**EPA FORM R**  
**PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)**

TRI Facility ID Number

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**SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES**

[ X ] Not Applicable (NA) - Check here if no on-site energy recovery is applied to any waste stream containing the toxic chemical or chemical category.

Energy Recovery Methods [enter 3-character code(s)]

**SECTION 7C. ON-SITE RECYCLING PROCESSES**

[ X ] Not Applicable (NA) - Check here if no on-site recycling is applied to any waste stream containing the toxic chemical or chemical category.

Recycling Methods [enter 3-character code(s)]

**SECTION 8. SOURCE REDUCTION AND RECYCLING ACTIVITIES**

		Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)
8.1					
8.1a	Total on-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	NA	NA	NA	NA
8.1b	Total other on-site disposal or other releases	10	10	10	10
8.1c	Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	0	0	0	0
8.1d	Total other off-site disposal or other releases	5	5	5	5
8.2	Quantity used for energy recovery onsite	NA	NA	NA	NA
8.3	Quantity used for energy recovery offsite	NA	NA	NA	NA
8.4	Quantity recycled onsite	NA	NA	NA	NA
8.5	Quantity recycled offsite	505	260	260	260
8.6	Quantity treated onsite	NA	NA	NA	NA
8.7	Quantity treated offsite	NA	NA	NA	NA
8.8	Quantity released to the environment as a result of remedial actions, catastrophic events, or one-time events not associated with production processes (pounds/year)		NA		
8.9	Production ratio or activity index		0.94		
8.10	Did your facility engage in any source reduction activities for this chemical during the reporting year? If not, enter "NA" in Section 8.10.1 and answer Section 8.11.				
	Source Reduction Activities [enter code(s)]		Methods to Identify Activity (enter codes)		
8.10.1	W19		T01	T03	T04
8.10.2	W29		T01	T03	T04
8.10.3	W39		T01	T03	T04
8.11	If you wish to submit additional optional information on source reduction, recycling, or pollution control activities, check "Yes."			Yes [ ]	

1 2 3 4 5 Additional Info

TRI Facility ID Number
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Manganese Compounds

Additional optional information on source reduction, recycling, or pollution control activities.